

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	15W	35	3/1
FORMALITY REVIEW	YG	956	06/13/01
RESPONSE FORMALITY REVIEW	SLB	1091	10-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	3/1
Original	3/1
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Claim	Date
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Original	3/1
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Claim	Date
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Original	3/1
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

(LETTER INSIDE)

# INDEX OF CLAIMS

FINAL	ORIGINAL	DATE	FINAL	ORIGINAL	DATE	FINAL	ORIGINAL	DATE
		1/19/64						
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